



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

## CANDIDATE COMMITTEE COVER PAGE

FILED

01 OCT -7 AM 11:43

CLERK OF SUPERIOR COURT  
MACOMB COUNTY CLERK  
MT. CLARENCE, MICHIGAN  
FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by  
the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>2-16-04</u> to <u>2-15-05</u> Mo Day Year Mo Day Year	
4. Candidate Last Name <b>BARBER</b>	First Name <b>MICHAEL</b>
M.I. <b>M</b>	
4a. Office Sought Including District # or Community Served (If applicable) <b>MACOMB PUBLIC WORKS COMMISSIONER</b>	
4b. County of Residence <b>MACOMB</b>	
6. Treasurer's Name & Residential Address <b>MICHAEL BARBER</b> <b>2821 LARIMONT</b> <b>ST CLAIR SHORES, MI 48081</b>	
Area Code & Phone <b>(586) 777-1298</b>	
7. Treasurer's Business Address <b>33079 GARFIELD</b> <b>FRASER MI 48026</b>	
Area Code and Phone <b>(313) 980-3791</b>	
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)	
Area Code and Phone ( )	

1. Committee I.D. Number

**137524**

2. Committee Name

**ELECT MICHAEL BARBER**

5. Committee's Mailing Address

**33079 GARFIELD**  
**FRASER MI 48026**Area Code and Phone **586-777-5298**

If the address in this box is different from the committee  
mailing address on the Statement of Organization, mail may  
be sent to this address by the filing official.

7. Treasurer's Business Address

**33079 GARFIELD**  
**FRASER MI 48026**Area Code and Phone **(313) 980-3791**

## 9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary☒ General☐ Convention☐ School☐ Special☐ Caucus

Date of Election, Convention or Caucus

11 2 2004  
Month Day Year9c. ☐ Annual Statement (Coverage Year)9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or  
outstanding debts, including late filing fees. Further, I/We request that if  
the dissolution cannot be granted, that this be considered a request for  
the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule  
1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable  
Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.  
If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an  
amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or  
before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of  
my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper MICHAEL BARBER

Type or Print Name

Signature

Date 10 7 02  
Mo Day YearCandidate MICHAEL BARBER

Type or Print Name

Signature

Date 10 7 02  
Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137524

2. Committee Name ELECT MICHAEL BARBER

### SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2100<sup>00</sup></u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$		(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$		(20.) \$ <u>2100<sup>00</sup></u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$		(21.) \$
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>573<sup>00</sup></u>	
b. Itemized Got-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$		(23.) \$ <u>573<sup>00</sup></u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>2100<sup>00</sup></u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$	<u>2100<sup>00</sup></u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>573<sup>00</sup></u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>1526.40</u>	



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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137524  
2. Committee Name ELERY MICHAEL BARBER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		3. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-10-04</u> Name: <u>MICHAEL BARBER</u> Address: <u>2821 LARCHMONT, ST. CLAIR SHORES MI 48061</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>MECHANICAL SUPPLY</u> Employer <u>CITY OF DETROIT</u> Business Address <u>409 CLAYMO, DETROIT MI 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		900 <sup>00</sup>	900 <sup>00</sup>
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>8-10-04</u> Name: <u>LOCAL 169 PAC</u> Address: <u>5936 CHASE, DEARBORN MI 48126</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500 <sup>00</sup>	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-17-04</u> Name: <u>RON JOHNSON</u> Address: <u>4334 VALE CT, BIRMINGHAM MI 48302</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DETROIT BOILER</u> Business Address <u>2931 BEAU FAIT, DETROIT MI 48207</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		350 <sup>00</sup>	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-17-04</u> Name: <u>CHRIS LANTON</u> Address: <u>37741 HURON POINT, HARRISON TWP 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DETROIT BOILER</u> Business Address <u>2931 BEAU FAIT, DETROIT MI 48207</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		350 <sup>00</sup>	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		2100 <sup>00</sup>	
		2100 <sup>00</sup>	

Enter this total on  
line 3 of Summary  
Page.

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 1375 24

2. Committee Name ELECT MICHAEL BARBER

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>MAJIK GRAPHICS INC</u> Address <u>19751 15 MILE RD</u> <u>CLINTON TWP MI 48305</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BUSINESS TRAVEL</u> <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/04</u>	<u>248.00</u>
Expenditure #2 Name <u>PRINT PLUS GRAPHICS INC</u> Address <u>33099 GARFIELD</u> <u>FRASER MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TRAVEL (BUSINESS)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/04</u>	<u>325.00</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

573.00

573.00

Enter this total  
on line 8a of  
Summary Page

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